

**MALT BEVERAGE BREWER BRAND APPROVAL AND
DISTRIBUTOR TERRITORIAL DESIGNATION AGREEMENT IN KENTUCKY**

Commonwealth of Kentucky
Dept. of Alcoholic Beverage Control

1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
Fax (502) 564-1442
<http://abc.ky.gov/>

**A SEPARATE FORM MUST BE MADE FOR EACH BRAND IF HANDLED IN MORE THAN ONE TERRITORY BY
DIFFERENT BEER DISTRIBUTORS.**

THIS FORM MAY BE REPRODUCED IF NECESSARY.

**SUBMIT TO THE KENTUCKY ABC DEPARTMENT YOUR REQUEST FOR APPROVAL NO LATER THAN 20 DAYS
PRIOR TO THE INTRODUCTION OF A NEW BRAND IN KENTUCKY OR ANY CHANGES IN CURRENT AGREEMENTS.**

1. **BREWER NAME** _____

ADDRESS _____

TELEPHONE # _____ **FAX #** _____

CONTACT PERSON (print name) _____ **TITLE** _____

2. **SUPPLIER INFORMATION:** check one (1). Are you the importer or the master distributor for this brand(s)?

COMPANY NAME _____

ADDRESS _____

TELEPHONE # _____ **FAX #** _____

CONTACT PERSON (print name) _____ **TITLE** _____

LICENSE NUMBER _____.

3. **KENTUCKY BEER DISTRIBUTOR'S NAME** _____

ADDRESS _____

TELEPHONE # _____ **FAX #** _____

CONTACT PERSON (print name) _____ **TITLE** _____

LICENSE NUMBER _____.

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4. **BRAND INFORMATION:** List the brand(s) of malt beverages to be distributed by the Kentucky Distributor listed in # 3 of this form.

Are these brands of malt beverages currently assigned, or have been recently assigned, to any other Kentucky Beer Distributor for the same territory? ☐ Yes ☐ No

If yes, you **MUST** obtain the signature of the Kentucky Beer Distributor this agreement will replace in #6 of this form.

5. **TERRITORY INFORMATION:** Describe the assigned territory:

6. **SIGNATURES:**

Signature of Brewer: _____ **Title** _____ **Date** _____

Print name of person signing: _____

**Signature of Importer or
Master Supplier (if applicable):** _____ **Title** _____ **Date** _____

Print name of person signing: _____

Signature of Kentucky Beer Distributor: _____ **Title** _____ **Date** _____

Print name of person signing: _____

**Signature of Distributor being replaced
By this agreement (if applicable):** _____ **Title** _____ **Date** _____

Print name of person signing: _____ Kentucky ABC License # _____